

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. Louis Children's Hosp.
(d) Length of stay: In hospital or institution 12 hrs
In this community 0 years, months or days

3. (a) PRINT FULL NAME Baby Pruitt
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Aug 11 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 18 hr. 30 min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Child

11. Industry or business Child

12. Name William Pruitt
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

14. Maiden name William White
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant P. A. Gorsen
(b) Address 600 St. Louis

17. (a) Removal (b) Date thereof AUG 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altos, Ill.
(d) Signature of funeral director Alfred Perry

(e) Address Altos, Ill.
(f) Signature of Registrar J. H. Chidick
(g) Date AUG 15 1941 (Month) (Day) (Year)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County 999
(c) City or town Altos (If outside city or town limits, write "RURAL") 211
(d) Street No. Union (If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 11 year 1941 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Infantile Botulism Neonatal
Due to _____
Due to _____
Other conditions 161
(Include pregnancy within 5 months of death)
Major findings: 161
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
Means of injury: _____
23. Signature Alfred Perry (M. D. or other) 3
Address Altos, Ill. Date signed 8/14/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1994

P. O. Address R. H. Harris

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.